

CLAIMS ONLY						Application Number <i>10/796466</i>	Filing Date	
						Applicant(s)		
* May be used for additional claims or amendments								
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		Indep	Depend
	Indep	Depend	Indep	Depend	Indep	Depend		
1	/	/					51	
2	/	/					52	
3	/		/				53	
4	/		/				54	
5	/	00	/				55	
6	/		/				56	
7	/		/				57	
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43							93	
44							94	
45							95	
46							96	
47							97	
48							98	
49							99	
50							100	
Total Indep	3		4					
Total Depend	4		3					
Total Claims	7		7					